

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936621

FILING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2			1		1		
3			2		1		
4		1		1			
5			1		1		
6			2		1		
7			①		1		
8			①		1		
9		1		1			
10			1		1		
11			2		1		
12		1		1			
13			1		1		
14			2		1		
15			①		1		
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TOTAL IND.	4	↓	3	↓		↓	
TOTAL DEP.	15	↓	11	↓		↓	
TOTAL CLAIMS	19		14				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS